Allergy Safety Policy

This school is part of the Polaris Community. We are committed to ensuring that the health and safety of all pupils and staff is of paramount importance.

This Policy, alongside our Medical Needs, Health and Safety and First Aid Policies outlines how we ensure a safe and healthy environment in which pupils can learn and staff can work.

Procedure Owner:	Polaris Education
Approved by:	Managing Director
Date approved:	August 2026
Next review date:	August 2027
Version No:	01
Associated Documents:	This policy should be read alongside all other relevant policies, procedures and guidance documents, including: Medical Needs Policy Health and Safety Policy First Aid Policy Equality, Diversity and Inclusion Policy

All group companies are detailed in the current legal structure.
This policy forms part of the Group Quality Management system ISO 9001.

Contents

Allergy Safety

1. Policy Purpose and Commitment

Polaris Schools are committed to actively supporting pupils with medical conditions, including allergies, to participate fully and safely in all aspects of school life. In line with the Equality Act 2010, the school will consider and implement reasonable adjustments to ensure safe inclusion for pupils with allergies. Risk assessments will be completed to ensure that planning appropriately addresses the needs of pupils with medical conditions. This process will involve consultation with pupils, parents/carers, and relevant healthcare professionals.

The schools will maintain effective systems for identifying pupils with allergies at admission, transition, and throughout the school year. This includes gathering up-to-date medical information, maintaining accurate records, and communicating promptly with parents/carers and health professionals whenever clarification or updates are required. The schools also recognise that often the first allergic reaction may occur in school, so staff are trained to be allergy aware and respond quickly to any suspected allergy concerns.

Polaris Schools recognise allergy as a potentially life-threatening medical condition requiring whole-school awareness, proactive risk reduction, and rapid emergency response. The school is committed to ensuring that children and young people with allergies are safe, fully included, and supported to thrive.

Allergy safety measures apply to all pupils, including those with:

- Diagnosed allergies
- Undiagnosed allergies (recognising that 1 in 5 first reactions occur in school)
- Food, insect sting, contact, or airborne allergies
- Risk of anaphylaxis

This policy is reviewed annually and after any serious incident or near miss.

2. Definitions

Allergy: An immune response to normally harmless substances such as certain foods, insect stings, latex, or environmental allergens.

Anaphylaxis: A severe and potentially life-threatening allergic reaction that can affect the airway, breathing, and circulation.

Adrenaline Auto-Injector (AAI): Emergency medication prescribed for anaphylaxis this includes adrenaline auto-injectors (AAIs) and nasal Adrenaline Auto-Injectors.

Spare AAIs: Emergency Adrenaline Auto-Injectors purchased and held by the school under the Human Medicines (Amendment) Regulations 2017 for use in cases of suspected anaphylaxis where a pupil's own device is not available or not working.

3. Governance and Leadership

- A named Governor for Allergy Safety oversees compliance, training, and incident learning.
- A named Senior Leader holds operational responsibility for allergy safety.
- The policy is published on the school website.
- Governors receive termly reports on allergy incidents, near misses, training, and risk management actions.

Roles & Responsibilities

See website for named staff members

Governors

- Ensure the school has effective arrangements for managing allergies, including risk reduction, training, and emergency response.
- Ensure policies are reviewed annually and published on the school website.
- Monitor the effectiveness of allergy management, including incident reporting and staff training compliance.

Headteacher

- Ensure a safe environment for pupils with allergies and ensure all staff understand their duties.
- Ensure curriculum areas (e.g., Food Technology, Science, Art) assess allergy risks and take reasonable steps to minimise exposure.
- Ensure the school maintains up-to-date medical information and that all relevant staff have access to it.
- Ensure sufficient training, staffing levels, and resources (including spare AAIs) are in place.

Staff

- Complete allergy and anaphylaxis training and follow all school procedures.
- Be familiar with pupils who have allergies and know where their medication is stored.
- Act immediately in accordance with emergency procedures.
- Ensure food-related activities are risk-assessed and supervised appropriately.

Parents/Carers

- Provide accurate, up-to-date medical information and notify the school promptly of any changes.
- Supply in-date medication (including two prescribed AAIs where required) and replace devices after use or expiry.
- Provide an Allergy Action Plan signed by a healthcare professional.
- Work in partnership with the school to support their child's safe participation in school life.

Pupils (where age and/or stage appropriate)

- Be aware of their allergy and avoid sharing or exchanging food.
- Take responsibility for carrying their medication if appropriate and agreed.
- Inform an adult immediately if experiencing symptoms.

Staff and Visitors with Allergies

- The School recognises that allergy safety arrangements may also be relevant to staff, contractors and visitors.

The School will:

- Seek relevant allergy information from staff during recruitment and induction processes where appropriate.
- Request relevant information from regular visitors, agency staff and contractors where their activities may expose them to allergens.
- Ensure staff and visitors with known allergies are aware of emergency procedures and how to access assistance.
- Take reasonable steps to reduce exposure to known allergens where required.

- Record and manage information relating to staff and visitor allergies in accordance with data protection legislation.

4. Identification and Inclusion

Polaris Schools ensure that children and young people with allergies are:

- Identified at admission, transition, and through ongoing communication with families.
- fully included in learning, trips, clubs, and residentials.
- Supported through Individual Healthcare Plans (IHPs) and Allergy Action Plans.
- Provided with reasonable adjustments where an allergy constitutes a disability.

A **Whole-School Allergy Register** is maintained and updated termly.

5. Individual Healthcare Plans (IHPs) and Allergy Action Plans

All pupils with a diagnosed allergy requiring emergency medication will have an Individual Healthcare Plan (IHP). IHPs are produced in partnership with parents/carers, healthcare professionals, school staff, and—where appropriate—the pupil.

Each IHP must:

- provide a clear summary of the medical condition.
- identify known triggers.
- outline daily management and any required adjustments.
- set out emergency procedures
- detail medication requirements.
- specify the roles and responsibilities of staff.

In addition, every pupil at risk of anaphylaxis will have:

- An Individual Healthcare Plan (IHP)
- A personalised Allergy Action Plan from a healthcare professional
- A clear and accessible emergency protocol
- Identified staff responsible for daily support and emergency response.

Review requirements:

IHPs and Allergy Action Plans will be reviewed:

- at least annually
- after any allergic reaction or hospitalisation
- following any medication change
- when new or updated clinical advice is received

6. Whole-School Allergy Awareness Training

All staff will receive annual whole-school allergy and anaphylaxis training, which includes:

- Understanding allergy, anaphylaxis, and common triggers
- Recognising mild, moderate, and severe allergic reactions
- Knowing when and how to administer prescribed and spare Adrenaline Auto-Injectors (AAIs)
- Understanding the differences between allergy, intolerance, and coeliac disease
- Emergency procedures, including when to call 999
- Awareness of associated conditions (e.g., asthma)
- Understanding the emotional and wellbeing impact of allergies
- Clarifying individual staff responsibilities

Training is provided to:

- Teaching staff
- Support staff
- Catering staff
- Transport staff
- Governors
- Supply staff (via induction briefing)

Training will also be delivered to all new staff as part of induction.
Training records will be maintained, monitored, and reviewed to ensure compliance.

The school may undertake periodic allergy emergency response exercises as part of training to test preparedness and identify any learning.

Asthma and Allergy

The School recognises the strong association between asthma and severe allergic reactions.

Staff training will include:
• Recognition of asthma symptoms and asthma attacks.
• The relationship between food allergy, asthma and anaphylaxis.
• Awareness that pupils with both asthma and food allergy may be at increased risk of serious outcomes.

The requirement that adrenaline must never be delayed, and that an adrenaline auto-injector (AAI) should be administered without delay where anaphylaxis is suspected. An asthma reliever inhaler must not be used as a substitute for adrenaline in the treatment of anaphylaxis

Where pupils have an Asthma Action Plan, this will be attached to and referenced within their Individual Healthcare Plan.

7. Risk Reduction and Allergen Management

The school adopts a proactive, layered approach to reducing allergen exposure and ensuring a safe environment for pupils with allergies.

7.1 Food and Catering

The school and any catering provider used by the school will comply with the **Food Information (Amendment) Regulations 2014.** All food served must clearly identify the presence of any of the *Top 14 allergens*. Catering staff must be informed of pupils with allergies and must follow established procedures to prevent cross-contamination. Parents/carers may meet with the Catering Manager to discuss any specific dietary needs.

Food-related activities across the curriculum (e.g., cookery, science, sensory play) will be **risk assessed** to minimise allergen exposure.

Additional measures include:

- Catering staff and those delivering food related teaching activities receive enhanced allergen training.
- Allergen information is clearly displayed and easily accessible.
- Cross-contamination controls are consistently applied.
- Pupils with allergies are supported to eat safely and with dignity.
- Food brought into school for shared events is risk-assessed before use.

Packed lunches and food brought from home must be clearly labelled where required and managed in a way that minimises allergen risks.

- Food sharing or swapping between pupils is not permitted.
- The School will make reasonable adjustments to support pupils with allergies to access school meals, including free school meal entitlement.
- Pupils with allergies will not be unnecessarily segregated from peers during mealtimes.
- The School complies with current food information legislation, including requirements relating to food that is pre-packed for direct sale (PPDS).

7.2 Classroom and Curriculum Activities

- All activities involving food, materials, or potentially environmental allergens are risk-assessed in advance.
- Staff must check ingredient lists and material specifications for cookery, any sessions involving food products, science, art, and sensory activities.
- Allergen-safe alternatives will be provided where needed to ensure safe participation.

Staff must consider the allergen risks associated with:
• Play dough and modelling materials.
• Craft products including glues and paints.
• Bird seed and animal feed.
• Recycled food packaging.
• Animals, pet visits and farm experiences.

Alternative materials will be used wherever necessary to ensure safe inclusion

7.3 Environment and Cleaning

- Cleaning routines minimise allergen accumulation.
- Dining areas are cleaned between sittings.
- Allergen-safe zones may be implemented where appropriate.

7.4 Trips and Visits

- Risk assessments for all trips and visits must include allergen exposure risks and emergency access to medication.
- Staff supervising trips must carry prescribed and spare Adrenaline Auto-Injectors (AAIs).
- School catering providers or venues involved in trips must be informed of pupils' allergies in advance.

7.5 Risk Assessment

The school will complete an individual allergy risk assessment for every pupil with a known allergy. Each assessment will identify potential exposure risks and the steps required to reduce or eliminate these risks.

Risk assessments will cover:

- classroom activities.
- food technology, science, art, and sensory activities.
- school meals, snacks, and celebrations.
- trips, visits, and residentials.
- extracurricular clubs and wraparound care.
- transport arrangements.

All food-related and practical activities across the curriculum will be risk assessed in advance.

Risk assessments will be reviewed termly, and immediately if:

- A pupil's medical needs change
- a reaction or hospitalisation occurs.
- there is an allergic incident or near miss.

8. Adrenaline Auto-Injectors (Prescribed and Spare)

8.1 Access and Storage

The school ensures that:

- Prescribed Adrenaline Auto-Injectors (AAIs**)** are accessible (within 'five minute' collection area - at all times).
- Spare AAIs are stored in pairs in clearly marked, unlocked emergency stations known to staff.
- AAIs accompany pupils during:
    - breaks
    - PE
    - trips
    - off-site activities
    - transport (where required)

For younger pupils, medication will be kept in a clearly labelled, rigid container including:

- two prescribed AAIs
- the pupil's Allergy Action Plan
- antihistamines (if clinically indicated)
- any additional medication specified in the IHP.

All medication must be stored safely but remain immediately accessible.

8.2 Checking and Replacement

- Expiry dates are checked termly and recorded on a log overseen by the Lead Medical and Allergy SLT member.
- Devices are replaced promptly when expired or used.
- Staff are trained to recognise device misfires and to administer a second dose if required.
- The school maintains a termly medication log to ensure all devices remain in date.
- Parents/carers are contacted in advance when replacements are needed.
- Spare AAIs are purchased and stored in line with the Human Medicines (Amendment) Regulations 2017, and kept in clearly marked, unlocked emergency stations.

8.3 Disposal of Medication

Used, damaged or expired Adrenaline Auto-Injectors will be disposed of in accordance with manufacturer guidance and medicines management procedures.

Used devices may be:

- Handed to attending ambulance personnel.
- Returned to a pharmacy.
- Disposed of via approved sharps disposal arrangements.
- Records will be maintained where required.

9. Emergency Response

All staff must be able to recognise the signs of anaphylaxis and act immediately.

9.1 Recognising Anaphylaxis

Symptoms may include:

- Swelling of lips, tongue, or throat
- Difficulty breathing
- Wheezing or persistent cough
- Dizziness, collapse, or confusion
- Widespread hives or rash

9.2 Emergency Procedure

In the event of suspected anaphylaxis, staff must act **immediately**:

1. Administer the pupil's prescribed AAI or a spare AAI immediately.
2. Call 999 and clearly state "anaphylaxis".
3. Lay the pupil flat with legs raised.
    - If breathing is difficult, allow the pupil to sit up, but do not let them stand or walk.
4. Administer a second dose after 5 minutes if symptoms persist, worsen, or return.
5. Contact parents/carers as soon as it is safe to do so.
6. A staff member must accompany the pupil to hospital, taking:
    - all used AAIs
    - the pupil's Allergy Action Plan
    - their Individual Healthcare Plan (IHP)
7. Record and report the incident, ensuring the IHP and risk assessments are updated following any reaction, hospitalisation, or near miss.
8. Staff will remain with the pupil and continue observation until responsibility is handed to emergency services or healthcare professionals.
9. Any allergic reaction will be monitored for a minimum of one hour due to the possibility of deterioration.
10. Staff must bring emergency medication to the pupil. A pupil with suspected anaphylaxis must not be sent to retrieve medication themselves.

Adrenaline should be administered at the earliest sign of anaphylaxis — staff must not delay.

10. Serious Incidents and Near Misses

10.1 Serious Incidents

Include:

- Use of emergency medication e.g., administration of an AAI)
- Emergency services attendance
- Urgent clinical intervention required to stabilise the pupil.

10.2 Near Misses

Include:

- Allergen exposure that had the potential to cause harm
- Medication errors (e.g., missed dose, incorrect dose, delayed administration)
- Miscommunication relating to a pupil's allergy, care plan, or required precautions.
- System failures including procedural gaps, storage issues, or training lapses

10.3 Reporting and Learning

- All incidents and near misses are recorded, investigated, and monitored.
- Root cause analysis is undertaken to identify learning and implement improvements.
- Governors receive termly summaries of incidents, near misses, and resulting actions.
- Actions are implemented, monitored, and reviewed to ensure sustained improvement.
- Where an allergen-related food safety incident meets reporting thresholds, the school and/or catering provider will follow relevant Food Standards Agency and local authority reporting requirements.

11. Wellbeing and Inclusion

The school recognises the emotional impact of allergies and:

- Provides pastoral support.
- Reduces stigma through education and awareness.
- Ensure pupils feel safe, confident, and included in all aspects of school life.
- Supports pupils experiencing anxiety related to food, social situations, or medical procedures.

12. Allergy-Related Bullying and Safeguarding

Allergy-related bullying is treated as a safeguarding concern. Any behaviour that targets a pupil's allergy, medical condition, or dietary needs is unlawful under the Equality Act 2010 and will be managed in accordance with the school's Anti-Bullying Policy.

Staff must be alert to the fact that:

- teasing a pupil about their allergy
- making threats involving allergenic foods; and
- deliberately attempting to expose a pupil to an allergen

may constitute bullying, discrimination, abuse or other serious safeguarding concerns.

Such behaviour will be addressed immediately and in line with Keeping Children Safe in Education (KCSIE).

The school will take all reasonable steps to ensure that no pupil is put at risk because of their allergy. All incidents of bullying, intimidation, or discriminatory behaviour will be recorded, investigated, and responded to promptly.

All pupils must be supported to feel safe, included, and free from harassment.

13. Communication with Families and Professionals

The school maintains open and proactive communication with:

- Parents/carers
- Allergy specialists
- GPs
- Dietitians
- School nursing teams

Families are encouraged to:

Provide updated medical advice and documentation as soon as it becomes available.

- Supply in-date medication and replace it promptly when required.
- Inform the school of any changes in their child's condition, treatment, or clinical recommendations.

The school will work collaboratively with families and relevant professionals to ensure that each pupil's allergy management remains accurate, safe, and responsive to their needs.

13.1 Information Sharing and Confidentiality

The School will process and share allergy information in accordance with UK GDPR and data protection legislation.

Information will only be shared with staff and professionals who require it to safeguard and support the pupil.

The School will maintain appropriate confidentiality while ensuring relevant information is available to those responsible for:

• Emergency response.
• Catering.
• Educational provision.
• Trips and visits.
• Transport arrangements.
• Safeguarding and wellbeing support.

Allergy information may be displayed in staff-only areas where necessary to ensure pupil safety.

13.2 Awareness of the Policy

The School will actively promote awareness of allergy safety by:
• Publishing this policy on the School website.
• Sharing key messages with parents and carers.
• Including allergy safety within staff induction and annual training.
• Providing appropriate awareness education for pupils.
• Promoting respectful and inclusive attitudes towards individuals with allergies.
Where appropriate, pupils may be supported to understand how to seek help in an emergency involving a peer with a known allergy.

14. Review Dates

This procedure must be reviewed annually, after any serious incident or near miss, following changes in statutory guidance or after significant organisational changes.

Date:	**Version:**	**Summary of Changes:**
	First version	

Appendix A - Individual Healthcare Plan (IHP)

1.Pupil Information	
Full name:	
Date of birth:	
Year group / class:	
Primary diagnosis / medical condition(s):	
Date of diagnosis:	
NHS number (optional):	
Parent/carer name(s):	
Parent/carer contact details:	
Phone (primary):	
Phone (secondary):	
Email:	
GP / medical professional contact:	
Lead school contact for this IHP:	
2. Summary of Medical Condition and Impact	
Provide a clear, accessible summary including:	
Nature of the condition	
Typical symptoms	
Known triggers	
Impact on learning, attendance, and participation	
Impact on wellbeing, emotional regulation, or behaviour	
3. Who Needs to Know	
List all staff who must be aware of the condition:	
Class team	
Pastoral/medical staff	
Catering staff (if relevant)	
Transport staff	
Supply staff (via briefing)	
Trip leaders	
Awareness will be maintained (e.g., induction, briefings, updates) Name and Date of all awareness training completed to be included in table at the end of this document – signed by those completing the training	
4. The Child or Young Person's Role	
Level of independence in managing their condition	
Ability to recognise symptoms	
Ability to self-administer medication	
Any limitations or risks	
5. Daily Management and Support Required	
Detail routine support, including:	
Medication schedules	
Monitoring requirements	
Hydration, snacks, rest breaks	
Environmental adjustments	

Use of medical equipment	
Support during PE, practical subjects, or sensory activities	
6. Support During Trips, Visits, and Extracurricular Activities	
Risk assessment requirements	
Staff responsible for medication	
Emergency access arrangements	
Adjustments to ensure full participation	

7. Medication Details
Consent received for administration of prescribed medication: YES / NO
Consent received for administration of spare AAI: YES / NO
Consent received for use of emergency asthma inhaler (where applicable): YES / NO

Medication Include: Expiry dates, Batch numbers (optional) Two-person check requirements (if applicable)	Dose	When Required	Storage Location	Self Administer?	Staff Trained

8. Emergency Procedures - Clear, step-by-step instructions:
Nearest location of spare AAIs:
Nearest location of emergency asthma inhaler:

Early warning signs	
Immediate actions	
When to administer emergency medication	
When to call 999	
Who to contact in school	
Who contacts parents	
Who accompanies the child to hospital	
Attach any clinical plans:	
Allergy Action Plan	
Asthma Plan	
Epilepsy Plan	
Diabetes Plan	

9. Educational Continuity
Outline arrangements for:

Catch-up learning	

Remote learning (if appropriate)	
Reduced timetables	
Reintegration plans after absence	
10. Wellbeing and Emotional Support Detail:	
Pastoral support	
Mental health interventions	
Safe spaces	
Key adults	
Strategies to reduce anxiety or stigma	
11. Review Arrangements	
Review frequency (minimum annually)	
Trigger events for early review (e.g., hospitalisation, medication change, incident)	
Named staff responsible for updates	
12. Signatures	
Parent/carer: Date:	
Pupil (where appropriate): Date:	
School lead: Date:	
Health professional (if applicable): Date:	

Record of Awareness training

Training (Induction, Briefing, Update)	Name	Date	Signed

Appendix B - Governor Assurance Checklist Medical Needs & Allergy Safety

A tool for the Named Governor for Medical Needs and Allergy Safety to monitor compliance, risk, and impact.

1.Governance and Leadership
[] A named governor is appointed for medical needs and allergy safety.
[] A named senior leader is responsible for operational oversight.
[] Policies are reviewed annually and after any serious incident or near miss.
[] Policies are published on the school website.
2. Identification and Inclusion
[] Systems ensure early identification of medical conditions at admission and transition.
[] A current Medical Needs Register is maintained and reviewed termly.
[] Pupils with medical conditions are fully included in trips, visits, and extracurricular activities.
[] Reasonable adjustments are implemented where a condition constitutes a disability.
3. Individual Healthcare Plans (IHPs)
[] All pupils requiring an IHP have one in place.
[] IHPs include all required elements (condition summary, emergency plan, medication, wellbeing, educational continuity).
[] IHPs are reviewed at least annually.
[] IHPs are updated after any incident, diagnosis change, or hospitalisation.
4. Staff Training
[] All staff receive annual medical conditions awareness training.
[] All staff receive annual allergy awareness training.
[] Staff supporting specific pupils receive condition-specific training.
[] Catering, transport, and wraparound staff are included in training.
[] Training records are maintained and monitored.
5. Medication Management
[] Medication is stored safely but accessible within 5 minutes.
[] Emergency medication is stored in pairs (for Adrenaline Auto-Injectors).
[] Expiry checks are completed termly and recorded.
[] Clear procedures exist for administering medication, including two-person checks where required.
[] Parents provide medication in original packaging with pharmacy labels.
6. Allergy Safety
[] A separate Allergy Safety Policy is in place and published.
[] The school stocks “spare” Adrenaline Auto-Injectors.
[] Spare devices are stored accessibly and checked regularly.
[] Catering staff follow allergen- management procedures.
[] Risk-reduction strategies are in place across the school.
[] All staff can recognise anaphylaxis and administer adrenaline.

7. Emergency Preparedness
[] Clear emergency procedures are in place and understood by staff.
[] Emergency drills include medical medical-emergency scenarios (e.g., anaphylaxis)
[] Emergency services access routes are known and unobstructed.
[] Staff know who to contact in a medical emergency.
8. Incident and Near Miss Reporting
[] All serious incidents and near misses are recorded.
[] Investigations identify root causes and learning.
[] Governors receive termly reports on incidents and near misses.
[] Actions from incidents are implemented and monitored.
9. Wellbeing and Inclusion
[] Pupils with medical conditions receive appropriate pastoral support.
[] Staff understand the emotional impact of medical conditions.
[] Systems reduce stigma and promote inclusion.
10. Assurance Summary
Strengths:
Areas for development:
Actions required:
Timescales:
Responsible person(s):